

ROCK SOLID/CITY OF SHREVEPORT SWIMMING POOLS

1. Introduction

The purpose of this procedure is to outline the action to be taken in the event of an emergency within the pool and poolside areas.

At pools where certain features or activities exist which present specific risks requiring action differing from that outlined in this procedure, the Pool Manager will include the process for dealing with emergency action in Appendix 1.

The Pool Manager will ensure the staff is aware of their responsibilities in respect of this procedure.

2. Responsibilities

Responsibility for carrying out emergency action rests with lifeguards and other pool staff.

The lifeguard is responsible for controlling the incident / accident and for taking the decision to evacuate the pool.

3. Process

3.1 Raising Alarms

The method of communication using a whistle is as follows:

- 1 Whistle Blast attracts the attention of the pool users
- 2 Whistle Blasts attracts the attention of other pool staff.
- 3 Whistle Blasts indicates that the lifeguard is about to take emergency action
- 1 Long Whistle Blast attracts the attention of the pool users to prepare for an evacuation

Whistles will be used sparingly and will be followed by relevant verbal or visual instruction, e.g. hand signals. Consideration will be given, where possible, to the timeliness of the whistle in relation to the activities being carried out in order to ensure users, e.g. divers, are not unduly distracted.

3.2 Minor Emergencies

Minor incidents or emergencies, if handled properly, will not result in a life-threatening situation. Examples of incidents of this nature include a swimmer slipping on poolside, a minor cut or bruise and a simple reaching rescue. Whilst these may be routine, they may result in increased risk of a more serious incident if proper processes are not followed. In order to ensure an appropriate response, the teacher, on becoming aware of the incident will follow the process below:

- Notify other pool staff that they have to respond to an incident by blowing three whistles
- Other pool staff will move to cover area or request additional assistance if necessary
- A first aider will administer aid or provide appropriate assistance
- Casualty will be referred to appropriate location
- Accident / Incident Report completed as necessary

3.3 Major Emergencies

A major emergency is where an incident occurs resulting in a serious injury or life-threatening situation. In most cases, more than one member of staff will be involved and in extreme situations, all members of the team will be required to provide support.

The process for dealing with major emergencies is as follows:

- The lifeguard will raise the alarm by using the pool alarm, blowing three whistles and/or use of hand signals.
- If the poolside drown alarm has not been activated, the nearest member of staff to the alarm will activate it.
- The lifeguard will initiate rescue / first aid and remove casualty from the area
- The support team members will cover the area vacated, assist the lifeguard and evacuate the pool if necessary.
- The lifeguard will ensure an ambulance is requested, supply specialist equipment and take control of the situation, including managing and assisting other swimmers.
- A member of staff will be assigned to meet the ambulance crew to brief them and escort them to the scene of the incident.

- Responsibility is assigned to the ambulance crew once they start to treat the casualty.
- The lifeguard will ensure that safe levels of supervision are maintained for the duration of the incident and subsequent action.
- The lifeguard will ensure that all Accident / Incident Reports are completed and the necessary follow up action is taken.

Actions to be taken in the event of specific emergencies are detailed in 3.4 to 3.10 below.

3.4 Fire Evacuation

The arrangements in place for raising the alarm are as follows:

- Break glass units are located
- On hearing the alarm **WHO DOES WHAT** to initiate an evacuation.

Once the alarm has been raised those on poolside should blow their whistles as per the Red Cross and clear the pool as quickly as possible.

Everyone should be directed to the nearest emergency exit.

Once at the assembly point the person responsible for the pool will check all staff and swimmers are present against the register and or signing in book.

3.5 Discovery of a Casualty in the Water

The first response to a casualty in the water will be to consider performing a rescue by reaching with a pole or rope. Whenever possible, hand-to-hand contact will be avoided until the casualty is under control and the possibility of being pulled into the water is reduced.

The pool will only be evacuated if necessary.

The lifeguard will only enter the water to affect a rescue if other alternatives will not work.

If entry into the pool is necessary, the process to be applied is as follows:

- Attract the attention of another lifeguard and additional support by using the pool alarm and/or blowing the whistle loudly three times.

- If the poolside drown alarm has not been activated or alarm raised, the nearest member of staff to the alarm will activate/initiate it.
- If the lifeguard is carrying a radio, it will be placed on poolside prior to entry if possible.
- The lifeguard will enter the water in a safe manner, recover the casualty and land them at the nearest suitable landing point
- The lifeguard(s) will follow resuscitation protocols in accordance with NPLQ and/or first aid training. These will be followed until the ambulance crew take over

3.5 Serious Injury to a Swimmer

General

The process for dealing with major emergencies as detailed in Section 3.3 will be followed in the event that a member of the pool staff notices a swimmer with a serious injury. The lifeguard(s) will follow first aid/resuscitation protocols in accordance with Red Cross or first aid training. These will be followed until the ambulance crew takes over. In cases of serious injury, unconsciousness or suspected broken bones, patients will not be moved until first aid has been given.

Head Injuries

All head injuries will be treated as serious injuries and lifeguards will follow first aid/resuscitation protocols in accordance with their NPLQ or first aid training. In addition to following the major emergency process outlined in Section 3.3, the following action will be taken:

- Casualties with face / head injuries will not be allowed to return to the pool.
- An ambulance will be called if the injury appears serious. If the injury appears less serious, the casualty will be made to dress and will be supervised by a responsible person whilst doing so.
- If there is any doubt as to the severity of the injury an ambulance will be called as there is possibility of delayed concussion/loss of consciousness occurring.

Aquatic Spinal Injury

All suspected spinal injuries will be treated as serious injuries and lifeguards will follow rescue / resuscitation protocols in accordance with their training. In addition to following the major emergency process outlined in Section 3.3, the following action will be taken:

- On entering the water, the lifeguard must shout, "Lifeguard entering the water, suspected spinal."
- All other pool users will be carefully directed away from the casualty in order not to disturb the water or the casualty. Once away from the casualty all swimmer must clear the pool and will be directed away from the incident.
- A minimum of 4 trained staff is required to recover a casualty using a spinal board.
- A relative of the casualty will be informed of the incident.

3.7 <u>Disorderly Behavior</u>

It should be noted that incidents of this nature within the pool or around poolside may detract the attention of pool staff away from their primary duties of pool supervision and teaching. Assistance from other staff will be requested as soon as the lifeguard feels their attention is being drawn away from their primary duties.

3.8 Lack of Water Clarity

It is vital that all lifeguards and assistants can clearly see the bottom of the pool in order that a swimmer can be seen in the event of an emergency. The following process will be followed in the event of poor water clarity:

- If the pool water becomes cloudy, the member of staff or company responsible for swimming pool maintenance will be informed immediately.
- A water test will be undertaken and plant will be checked for correct functioning. Appropriate remedial action will be undertaken.
- The remedial action is not possible or is not effective soon enough; the member of staff or company responsible for swimming pool maintenance and the lifeguard will determine if it is safe for the pool to remain open.
- Swimmers will only be allowed back in the pool once the water quality has improved sufficiently to enable staff to clearly view the pool bottom and a satisfactory chemical balance has been confirmed.

3.09 Dealing with Blood, Vomit and Feces

In the event that blood, vomit and faeces are discovered in the pool or on poolside, the following procedure will be applied:

Blood

- If substantial amounts of blood are spilled into the pool, it will be temporarily cleared of people to allow the pollution to disperse and any infectious particles within it to be neutralized by the disinfectant in the water.
- When clearing blood, the correct personal protective equipment, i.e. disposable gloves must be worn.
- Spillages of blood on poolside will be contained, covered in paper towels to enable the towels to soak up the blood and wiped up immediately. Blood will not be washed into the pool or poolside drains. Soiled towels will be disposed of properly in clinical waste bins, e.g. nappy bins. The area will then be disinfected.

Vomit

- If substantial amounts of vomit are spilled into the pool the affected pool will be closed to swimmers in order to allow for its removal.
- The vomit will be removed from the water using a scoop and placed in a bucket, the contents of which will be flushed down the toilet.
- A minimum of "three turnover periods" of the affected pool will elapse to ensure the removal of any bacteria.
- Prior to the pool re-opening a water quality test to ensure that chlorine levels and TDS levels are within the agreed parameters and a visual inspection will be carried out.